

Making best practice effective – implementing recovery focused quality initiatives in an assertive community team (ACT) (poster)

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INTRODUCTION AND BACKGROUND The Rockingham/Kwinana ACT provides MDT approaches to engagement, rehabilitation and recovery of consumers. ACT consumers experience major mental illness and have difficulty effectively engaging with services resulting in poor outcomes and increased hospitalisation. ACT services are seen as expensive additions to mental health services with mixed evidence to benefits over standard care.

The ACT strives to meet best practice, developing this project to further achieve intended service goals.

AIMS/OBJECTIVES OF PRESENTATION The presentation will discuss the implications for practice, and service development of the continuing modernisation of an ACT, through increasing capacity of the team.

PROJECT DESCRIPTION Team capacity was increased through the addition of two support workers. Key Performance Indicators and Activity Based Funding outcomes were targeted. KPI's were evidence based and tied to National Standards for Mental Health Services 2010. The project provides recovery focused best practice, whilst making the service more cost effective.

OUTCOMES/SIGNIFICANCE/POLICY AND PRACTICE CHANGE Targets have been surpassed and there has been a significant increase service provision to consumers. Acute inpatient bed use has been reduced by >25% leading to a cost beneficial outcome.

IMPLICATIONS FOR MENTAL HEALTH NURSING ACT offers opportunities for mental health nurses to provide specialist roles within a holistic, multi-disciplinary team. This project enables nurses to develop generic mental health skills and create capacity to build on core nursing skills through targeted approaches, such as metabolic screening and nursing led interventions.

IDENTIFY 2-3 LEARNING OBJECTIVES SIGNIFICANT TO PAPER/POSTER/WORKSHOP 1. Understanding of recovery focused community mental health service. 2. Demonstration of cost effectiveness in a best practice framework.

In partnership with the genetic question

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This abstract puts forward the case for including genetics and genomics in the education of nurses working in mental health settings. Firstly, it establishes the growing importance of genetics and genomics in understanding mental disorders; and, secondly, considers the need for genetic competencies among nurses working in mental health settings. It is suggested that the extent to which genetic knowledge is represented in nursing textbooks and curricula is inadequate, and that existing genetic education for mental health-psychiatric nurses needs to be significantly improved, particularly in Australia to help close the theory practice gap. The closure of this gap will be achieved by working collaboratively and in partnership with inter-professional groups namely medicine, with the client and their family and also by giving other nursing staff a knowledge base which will inform questions which are commonly asked in practice – such as “Will I develop schizophrenia like mum?”

The historical associations and contemporary standpoints that underlie misgivings regarding the promotion of genetic and genomic issues in psychiatry are noted, alongside the potential benefits to people with a mental disorder. It will be argued that nurses should be equipped to assist in the task of educating both their clients and others in matters relating to genetics and genomics, and to participate in collaborative debates as to the trajectory of associated research, policy and practice.

The psychosocial impact of the environmental damage caused by the Mt Merapi eruption on survivors in Indonesia

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Indonesia's Mount Merapi's eruption in 2010 caused extensive environmental degradation to communities and hectares of farmlands that disappeared as they were buried under the volcanic ash. As there has been no previous research on the psychosocial impact experienced by survivors who continue to live in an environment damaged by a volcanic eruption, the aim of the research was to identify the psychosocial impact of the environmental damage caused by the Merapi eruption in 2010 as experienced by survivors of two sub districts; the survivors in Cangkringan who were affected by the 2010 eruption and continue to live in a damaged environment, and the survivors in the Pakem affected by several previous Merapi eruptions who currently live in an undamaged environment. The Volcano-Environmental Distress Scale (V-EDS), a translated revision of the original Environmental Distress Scale (EDS), was used to collect data. The villagers (n = 348) were recruited through a systematic stratified sampling process. Ethical approvals were sought and received from the relevant committees. The results show the V-EDS score in Cangkringan participants (Mean ± SD: 15.83 ± 1.57) was significantly higher than the score for the Pakem participants (Mean ± SD: 14.58 ± 1.29) (p < 0.001). Multivariable analysis showed that older participants scored lower on the V-EDS scale (p < 0.001), as did unemployed or retired participants (p = 0.007), and participants who were illiterate (p = 0.037). The findings indicate that participants, who live in an environment damaged due to a volcano eruption, experience environmental distress. Interventions should be developed to help survivors deal with the distress.

The psychosocial impact of the Mt Merapi volcano eruption on survivors in Indonesia (poster)

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The Merapi mountain eruption in October 2010 was one of the largest natural disasters to occur in Indonesia for many years. The eruption resulted in many deaths and injuries, caused widespread destruction of farm land and villages, and disrupted social support services. Many of the survivors were required to relocate to shelters. The aim of this cross sectional study was to determine the psychosocial impact of the 2010 Mt Merapi volcanic eruption on survivors. In particular, the study compared the psychosocial impact for participants from the Cangkringan sub-district who experienced the last eruption (2010), with participants from the Pakem sub district who experienced several eruptions prior to 2010. The survey included demographic questions and the Impact of Event Scale-Revised (IES-R) to measure the psychosocial impact. Ethical approvals to conduct the study were sought and received from the relevant committees. The results showed a significant difference in the IES-R score between participants from the two districts (p = 0.001) with Cangkringan district participants returning a higher IES-R score than Pakem participants (Median 17 and 13, IQR 11-29 & 8-19 respectively). Multivariable analysis showed that older people scored lower on the IESR scale (p < 0.001), as did male participants (p < 0.001) and people who rented a house (p = 0.014). Overall, the findings indicate that psychosocial distress was highest in the group who experienced the latest eruption compared to those who have experienced previous eruptions but not the last one, and those who experienced this as their first eruption experience. Interventions need to be developed to help people better adjust to the psychosocial impact of eruptions.